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Participatory Sessions with Women's Groups
MotherCare Project/ Guatemala Evaluation Report

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INTRODUCTION

The magnitude of women's reproductive health problems is reflected in the number of deaths related to pregnancy and childbirth, the most direct indicator of reproductive health care. Worldwide, there are half a million deaths of women each year related to pregnancy, the great majority of which occur in developing countries. Guatemala's maternal mortality rate, estimated at 220 per 100,000 live births, is one of the highest in Latin America. The causes and risks of maternal mortality have to do with obstetric causes as well as with factors such as transportation, health services, socioeconomic and cultural.

The main mission of the USAID-funded MotherCare Project in Guatemala is to contribute to the reduction of maternal and perinatal mortality and morbidity in the country. The goal of the project is to increase the use of medical services by women/ newborns that have suffered obstetric or perinatal complications. This will be achieved by working together with the Ministry of Health of Guatemala (MOH) on making services more accessible and accepted, improving the quality of care provided, and increasing the knowledge regarding obstetric and perinatal complications and the actions to be taken among the members of the community, especially by women of reproductive age, their families and traditional birth attendants (TBAs).

One component of the maternal-perinatal intervention in Guatemala is the information, education and communication (IEC) intervention. On the basis of formative research, three IEC strategies were designed in the IEC component: an institutional strategy to strengthen interpersonal communication and cultural orientation of services; an individual behaviors strategy focusing on the recognition of complications (or "danger signs") and timely seeking of care by reproductive age women and their families; and a community strategy directed to organized groups in the community. The latter, specifically working with organized groups of women in the community, is the focus of this report.

The report has a two-fold purpose: 1) to provide a brief description of the approach followed by the MotherCare IEC community strategy to work with women's groups and 2) to present results of a qualitative evaluation of two main and interrelated processes in the implementation of such strategy: a) the training of facilitators to work with women's groups and b) the active participation of women in group discussions about maternal and perinatal health. The evaluation was intended to highlight each of these processes. The report is accordingly organized in two sections: the approach to working with women's groups and the qualitative evaluation.

I. THE APPROACH TO WORKING WITH WOMEN'S GROUPS

The work with women's groups was carried out in 15 months from April 1997 to June 1998. The main objectives of this strategy were to:

a) Raise consciousness about the problem of maternal and perinatal death.
b) Educate/ train women in specific maternal and perinatal "danger signs" and timely seeking of medical care when these occur, and
c) Strengthen women's organization for decision-making and action.

Since in this short period of time (15 months) it would have been unfeasible for the Project to organize women's groups and train them, too, the decision was taken to work with groups that were already organized in the communities.

Although, for easiness in presentation, the approach has been arranged in different steps, in reality there was no neat progression from one to the other. For instance, training of facilitators occurred during the census of organized women's groups and continued during the work with the groups. Although the draft version of the methodological manual was developed at the beginning (in May 1997), the final version was produced at the end of the process to take advantage of actual experiences.

A. Census of Organized Women's Groups

An important activity conducted at the beginning was a census of organized women's groups existing in four emphasis Municipios of the MotherCare Project in Guatemala: Nahualá in Sololá, Momostenango in Totonicapán, San Carlos Sija in Quetzaltenango and Comitancillo in San Marcos. Ideally, it was stated that organized women's groups would have the following characteristics:

- ✓ A directive
- ✓ A common interest, mission or objectives
- ✓ Common activities that are planned and carried out
- ✓ Periodic meetings
- ✓ Some resources (time, energy, motivation, meeting place, money)

Not all groups with whom the Project worked met these criteria. The formation of most of them had been stimulated by non-government organizations (NGOs), including the churches, with whom they were still working. About 80 such groups were identified, 62 of which participated in the sessions.

B. Methodology

From the beginning it was stated the methodology to work with these groups had to be participatory, that is, centered in the women's themselves. A "participatory research" approach, in which the women themselves did a community assessment, was considered: but it was felt that the process would take too long. In addition, the MotherCare Project had already conducted a qualitative formative investigation on the beliefs and practices of Mayan women regarding maternal and neonatal health. Therefore, the methodology was defined as one which would, at the same time, encourage women to reflect about their health, analyze their situation and participate in the solution of their problems, and provide correct, clear and simple information to facilitate the process.

The Triple-A Cycle, a concept promoted by UNICEF as a strategy to tackle the causes of malnutrition (WHO/UNICEF) was adopted. The strategy calls for repeated cycles of Assessment,

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Analysis and Action on the problem (see Diagram below). To this basic cycle we added two As, one for Acquisition (learning or *aprendizaje* in Spanish) and the other for Animation.

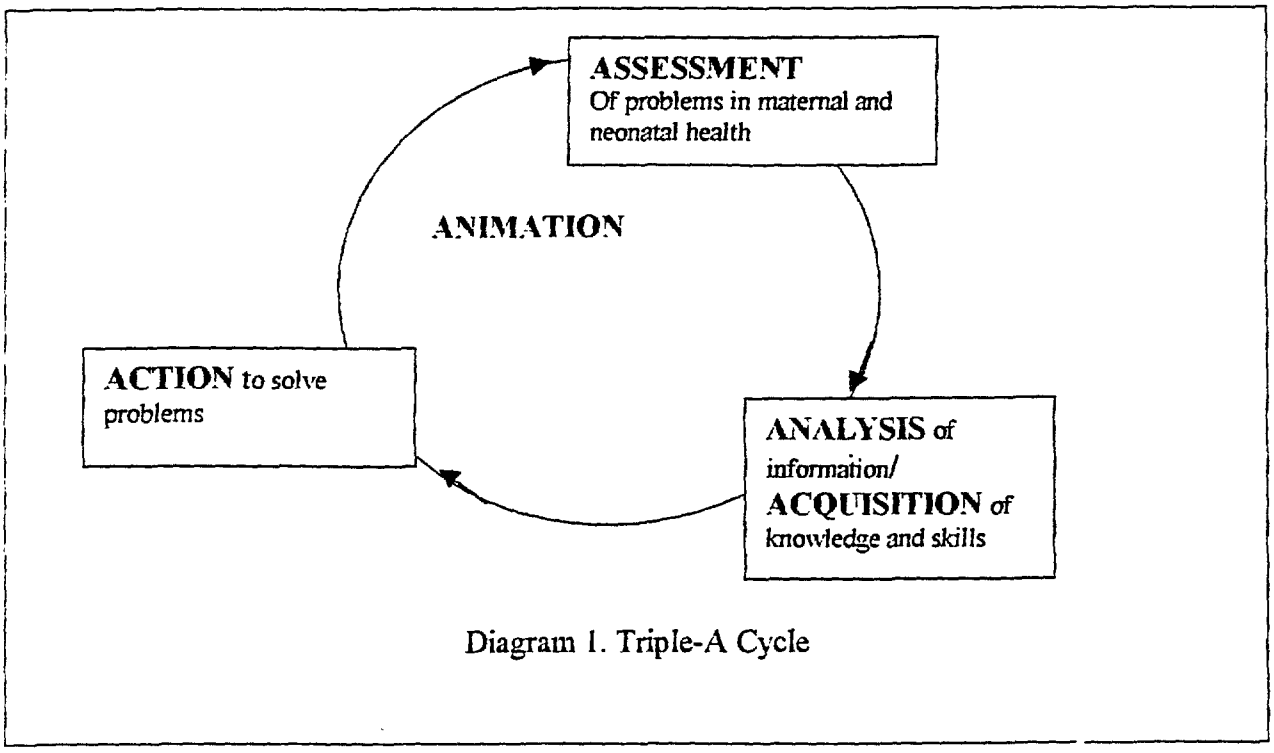

Diagram 1. Triple-A Cycle

- ✓ **Assessment** refers to the discussion or other reflection exercises about the health of women and newborns and the identification of specific problems. Assessment can start with a question to discuss, a story, an exercise or a picture to describe.
- ✓ **Analysis** is the summary of the discussion, trying to identify the causes and other factors that influence the problem which leads to the identification of opportunities to act. For analysis pictures are used, as most of the rural women are illiterate.
- ✓ **Action** refers to the participants' ideas about possible actions, decision making and a plan to act.
- ✓ **Acquisition** (*aprendizaje* in Spanish) is the reinforcement or introduction of basic knowledge and skills on maternal and newborn health. Women want to learn about their health and the MotherCare Project was interested in promoting their recognition of a series of "danger signs" during pregnancy, delivery, postpartum and the newborn and the need for formal health care.
- ✓ **Animation** more than a step was a constant reminder to facilitators that sessions could not be boring or depressing. Different kinds of participatory activities had to be planned so that sessions would add happiness and hope to the women's lives and strengthen their self-esteem and self-confidence.

A series of seven session were planned with each group to facilitate the process of the women:

a) identifying by themselves the main problems in maternal and newborn health

b) acquiring and reinforcing basic knowledge about these problems
c) defining some strategies and actions to help in the solution of problems identified by modifying the factors that contribute to them.

Each session had a different topic: the topics were:

1. Maternal Mortality
2. Danger Signs during Pregnancy
3. Anemia during Pregnancy
4. Danger Signs during Delivery
5. Danger Signs during the Postpartum
6. Peri-neonatal Mortality
7. Birth Spacing

The last session was optional. Considering the opposition Guatemalan rural communities often manifest toward family planning, the group was always asked if they wanted to participate in the last session. To our surprise, most groups were very interested in this session.

In each session the Triple-A Cycle was repeated in a continuous search for ways to tackle the problems identified: therefore, re-assessment, re-analysis and modified action took place in each subsequent session.

C. Training Facilitators

There were eight facilitators in the MotherCare/ Guatemala Project, seven women and one man. Facilitators had variable levels of formal education: 6th grade, high school, an auxiliary nurse and University degree in Psychology. All of them were bilingual in Spanish and a Mayan language (K'iche' or Mam) and lived in or close to the communities were the women live. Some of them had participated in the qualitative formative research conducted at the beginning of the Project to plan the IEC strategy and all of them had conducted focus groups and semi-structured interviews.

The experience of conducting focus group discussion provided a basis for training. It helped in the definition of the role of a good facilitator and the techniques to encourage participation. The practice of note taking during group discussions also was the basis of summary notes recorded after each group session to monitor the participation of the group and to check on the implementation of actions proposed by each group.

Initially, the facilitators were trained in the methodology called "reflect action" which deals with adult education. The methodology used by facilitators had to be based on principles of adult education which recognize that adults have maturity and have already acquired knowledge and experiences that can be advantageous in the learning process. Also, adults do not need a lot of technical information, but rather practical information that is useful for their work and daily lives. Adults need an opportunity to exchange ideas and experiences to increase their capability of solving their own problems.

Facilitators were also trained in the health areas of interest:

- Women's reproductive health, especially family planning
- Obstetric and perinatal complications
- Basic messages regarding "danger signs" during pregnancy, delivery, postpartum and the neonate

Additionally, facilitators received training on the following:

- Guatemala Peace Accords: the accord on Socioeconomic and Agrarian Situation which includes the reduction of maternal mortality as a health goal
- Politics and processes of the Ministry of Health
- Gender approach
- Counseling
- Elaboration of communication materials
- Child survival (diarrhea, respiratory infections and infant and child nutrition)
- Sustainability of projects
- Sustained development
- Community participation
- Monitoring

A documentation center was established so that facilitators could also look up information and actively pursue their own training. In May 1997, a methodological manual was drafted to standardize facilitators in the use of the methodology. The manual describes the general methodology and that of each session. The manual was revised all along to add ideas and examples that resulted from the work with groups.

D. Implementation

As Table 1 shows, 62 groups participated in the process, with a mean of 37 women participants each; the number of participants in each group was higher than that considered ideal (between 12 and15). The low number of participating groups in Quetzaltenango is explained by the fact that this is a predominantly Ladino or *mestizo* Municipality and all of the facilitators were Mayan. Therefore, their ethnic group and their being bilingual were not seen as assets by the Municipal authorities with which the project made initial contacts. Also, facilitators in Quetzaltenango, helped in monitoring and in the follow-up visits to groups for evaluation.

Table 1
Number of women's groups and participants
in four Municipalities

Place	*No. of Groups*	*No. of Participants*	*Mean number of participants*
Nahualá, Sololá	23	814	35
Momostenango, Totonicapán	18	740	41
San Carlos Sija, Quetzaltenango	4	92	23
Comitancillo, San Marcos	17	637	37
Total	62	2.283	37

In Nahualá, facilitators coordinated their work with 10 NGOs, two of which had more than one group (Clínica Cristiana had four and COSUDER had 11). In Momostenango, work was coordinated with DIGESA, a government institution, with the Catholic organization, which had 10 groups in different villages, and with five independent villages groups. In San Carlos Sija facilitators worked with a Protestant religious group and three independent villages groups. Finally, in Comitancillo work was coordinated with two NGOs, Txolja' which had 13 groups in different villages and Amid which had four groups.

Training of NGO facilitators was deemed essential for sustainability and for increasing coverage. A five-and-a-half days-training course for facilitators was designed. However, the course had to be condensed into 3-5 days, because neither NGOs nor MotherCare could afford a longer course. As presented in Table 2, seven groups of both female and male facilitators from several NGOs were trained: one in San Marcos (from the NGO Txolja'), three in Quetzaltenango (from a Health Center, a Female Committee in the Municipality, and Project HOPE), one in Totonicapán (CARE) and two in Sololá (a group with representatives from several NGOs such as Christian Children's Fund and Vivamos Mejor, and ONAM). The Triple-A Cycle methodology was used to train them and during the workshops they also practiced it. Some materials were provided to them (e.g. TBA training manual, flip chart, coloring books), but they also developed their own materials to work with the groups during the training course.

Table 2
Number of groups and facilitators
in four Municipalities

Place	*No. of groups*	*No. of participants*		*Total no. of participants*	*Mean no. of participants*
		F	M		
Nahualá, Sololá	2	37	8	45	22
Momostenango. Totonicapán	1	23	7	30	30
San Carlos Sija, Quetzaltenango	3	50	2	52	26
Comitancillo, San Marcos	1	5	25	30	30
Total	7	115	42	157	22

II. THE QUALITATIVE EVALUATION

A. Methodology

This is primarily a qualitative evaluation, which emphasizes the processes of the different actors in the IEC community strategy: facilitators and women's groups. The evaluation methodology entailed:

a) a final evaluation workshop with the eight facilitators,
b) follow-up visits to 21 women's groups.
c) individual interviews with 46 women who had participated in the group discussions, and
d) anecdotal evidence of the effects of training in women's lives from facilitators and NGO representatives.

The two-day workshop with facilitators included activities to critically and objectively analyze: their training and transformation in the process of working with women's groups, their feelings (positive and negative) regarding the work with groups. the methodology used (weaknesses and strengths), achievements. lessons learned. and recommendations for future work. In this workshop we also estimated the cost of the intervention per woman trained.

Facilitators who had not worked with the groups conducted both group discussion and interviews with women participants. Semi-structured discussion and interview guides (fixed format. open-ended questions) were used to ask about their recall of the main topics of the sessions. their knowledge of specific "danger signs" during pregnancy. delivery. postpartum and the newborn, and appropriate health care seeking behavior. actions carried out after their

participation in group discussions and their opinions on the work conducted. The evaluation interviews took place 2 to 6 months after the women had participated in the sessions.

B. Facilitators

1. The training process

Facilitators expressed that training had considerably augmented their knowledge of health topics and techniques in working with groups. Also, they felt it had an empowering effect in them. At first, they doubted their ability to work with groups and tried to conduct the sessions too much like focus groups, but little by little they found a way to combine listening to women and reinforcing some ideas for action. They found that training improved their self-confidence. The questions posed by women in the groups encouraged them to investigate and be active in their own training. The auxiliary nurse who had worked in a private clinic felt that to work with groups rounded-up her training.

Because most training was conducted during implementation, facilitators felt that it was not always well integrated. Also, not all of the facilitators attended all the workshops, sharing among themselves the contents of training was not always feasible. Therefore, the facilitators had different levels of training in different areas.

Among those topics that they would have liked to be trained are:

- Natural medicine (medicinal herbs and traditional therapies) - participating women asked to be trained in "natural medicine" which they consider better and more affordable than "chemical medicine" (pharmaceuticals).
- Creativity - to increase their creativity in conducting sessions and in elaborating materials.
- Dynamics - to conduct more activities, like games, to animate sessions with women.
- Community organization - to strengthen women's and other community organizations.
- Project development - to be able to formulate infrastructure or development projects requested by women (e.g. a clinic, a corn-grinding mill) and apply for funds.
- Nutrition - to include nutrition advice (not only advice about iron-rich foods, but advice on feeding for men, women, infants and children) in the sessions.

2. Experiences working with groups

Overall, the facilitators considered very positive their experience and their transformation in the process of working with women's groups. Facilitators felt that they learned a great deal about the communities and their problems.

In their work with groups, they thought they exercised creativity, responsibility, punctuality, dynamism, and collaboration. Coordination was particularly evident in the work they conducted with the NGOs who had stimulated the formation of the groups. Facilitators became well known in the communities where they worked and were constantly congratulated

on the work they were doing by the authorities and the population. The graduation ceremonies organized when women finished their participation in the group sessions and in which each woman received a diploma filled them with pride.

The difficulties in their work were represented by the long distances to reach the communities, the lack of dependable transportation, the long hours (leaving early morning and returning in the evening), and the lack of means of communication (like telephone) in some of the communities. Also, they felt that, beyond the sessions, there was a lot of follow-up work to do with the groups and not enough time to carry it out. Having sessions with several groups (even two in one day) sometimes led to tiredness. A few groups (especially in Totonicapán) demonstrated lack of trust and disinterest in participating.

3. The methodology used

All facilitators liked the methodology used because it led to the participation of most women in the groups. Also, they liked the fact that actions were at least discussed in the groups, if not always decided upon and implemented. Among the factors facilitating the implementation of this methodology they mentioned that:

- all of them are bilingual,
- the topics dealt with are interesting to women, and
- they worked in couples.

Among the factors that made the application of the participatory methodology difficult at times they mentioned: the recent period of political violence in Guatemala which made people distrustful and afraid of participation, some groups (especially in Totonicapán) ask them "not to ask questions, but teach". This is also the result of the work that has been generally conducted with community groups in which they are convened to be taught and not to discuss problems and plan actions. In this regard, one of the facilitators commented:

"I worked three years in... but my methodology was different. When I was to give my talk women would sit down and I would stand up in front of them. I did most of the talking; maybe a few would talk, but I would not let everybody participate. Little by little I learned that this was a different way to work with groups."

Another facilitator said: "I learned that people had their own knowledge and experiences and that I was not there to impose mine. In my previous work with groups, what I said was what had to be done. Now I know that people have their own opinions and can be trusted to act on them."

Another constraining factor mentioned was the size of groups. We had stated that ideally groups should have no more than 15 participants, but this criterion was not met We would have needed many more facilitators if large groups had been broken into smaller ones.

The methodological manual developed was deemed to be very useful by all facilitators It helped to train and standardized them so as not "to leave to each one's criteria the interpretation

and application of the methodology". They also think the triple-A approach is useful in that it leads to the discussion of potential actions, even if few of them were important enough and not all of them were actually carried out. They think the manual is a guide to which one should "add, delete or simplify depending on the group with which one is working". The male facilitator said: "The manual was our *machete*, there to be used, but effective use depends on our understanding of the goals and our skills". They would like to share the manual with other institutions working with women's groups.

Facilitators were asked to distribute in a circumference the amount of time in the Project that they had devoted to each of four stages: forming, storming, "norming" and performing. Forming had to do with preparatory activities and training. Storming was meant to include difficulties or problems in their work or with other team members. Norming referred to standardization of procedures and the development of the manual, and performing was the actual work with groups. Based on 360° of the circumference, the proportion that each facilitator assigned each stage was calculated and averaged out. Figure 2 summarizes the perceptions of the facilitators.

4. Achievements

The main achievements mentioned by facilitators were that the women's groups were interested in the process, that (except two) all groups that started the process finished it, that women learned to participate in the discussions and that they gained self-confidence. "Women told us that before (the group work) 'the men's voices reigned in meetings', but now women's voices have begun to be heard". Therefore, it was an achievement to have women shed "fear and shame", "relate their experiences", and "speak their thoughts freely".

Facilitators also considered an achievement that women learned about the ideas and activities of women in other communities. Also, they learned about the topics discussed. They have numerous anecdotes about the effects of participation in the groups. For instance, the female physician in an NGO clinic in Comitancillo, San Marcos (Txolja') told them that prenatal care was increasing due to the sessions and that the attitude of women attending had changed. Now they knew about prenatal care and also they demanded to receive iron pills. This was also reported for the Health Center in Comitancillo, however, the obstacle there is that the physician has not increased accordingly his daily quota of patients. While conducting interviews in

hospitals they found women who had attended the sessions and had realized they had a health problem and women who had been referred by women who attended sessions.

Women's participation led to actions such as:

- Visiting neighbors to advise them
- Visiting all pregnant women to advise them about "danger signs"
- Actually replicating the experience with other groups of women
- Referring to health services women with danger signs
- Referring pregnant women to prenatal care
- Organizing meetings with men/ husbands
- Associating themselves to the community clinic (Pitzal. Momostenango. Totonicapán)
- Training of a community young woman to provide basic health care (San José Frontera. Comitancillo. San Marcos)

Another achievement mentioned was that in several groups TBAs participated in the sessions and endorsed the work conducted by facilitators. At the same time. facilitators took the opportunity to support referral to health services by TBAs in cases of complication. One facilitator in Nahualá mentioned as an achievement that five women participants have visited her at home to find out about family planning methods in more detail.

5. Lessons learned

The above discussion has many examples of lessons learned. While discussion lessons. the facilitators highlighted the following:

- ✓ The process of working with groups takes time.
- ✓ It is important to use a participatory methodology to work with groups
- ✓ Groups should have no more than 12 participants so that everyone is able to participate
- ✓ Adult women have to be given the opportunity to participate and look for the solutions to their health problems
- ✓ It is necessary to coordinate with other institutions and projects to work with groups
- ✓ Community work requires great flexibility (in schedules, in methodology)

Recommendations for future work given by facilitators are discussed below.

C. Women's Groups

1. Group interviews

Twenty-one groups of women were revisited for interview. Initially. they were asked to recall the topics that had been discussed in the sessions. The number of groups (i.e. at least someone in the group) spontaneously mentioned each topic is presented in Table 3. In all cases.

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prompted recall (i.e. actually asking women whether they had dealt with a specific topic) was one hundred per cent.

Table 3
Number of groups that spontaneously mentioned topics
(Groups discussions)

Topics dealt with in Sessions	*Nahualá n=5 groups*	*Momostenango N=6 groups*	*Comitancillo n=10 groups*
Pregnancy	5 (100)*	5 (83)	10 (100)
Delivery	5 (100)	6 (100)	6 (60)
Postpartum	4 (80)	6 (100)	4 (40)
Newborn	4 (80)	5 (83)	5 (50)
Danger signs	5 (100)	6 (100)	8 (80)
Other (e.g. anemia, family planning)	0 (0)	5 (83)	8 (80)

* In this and other tables, numbers in parentheses are percentages. These are used for purpose of summarizing data and noting trends, but do not have any statistical significance.

Groups were also asked to recall "danger signs" during pregnancy, delivery, postpartum and the neonate. The number of groups (i.e. at least one in the groups) spontaneously mentioning these danger signs are summarized in Tables 4, 5, 6, and 7, respectively. . In all cases, prompted recall (i.e. actually asking women whether a condition was considered a danger sign) was one hundred per cent.

Table 4
Number of groups that spontaneously mentioned danger signs during pregnancy
(Groups discussions)

Danger signs during pregnancy	*Nahualá n=5 groups*	*Momostenango n=6 groups*	*Comitancillo n=10 groups*
Swelling of hands and face	3 (60)	5 (83)	6 (60)
Hemorrhage	5 (100)	6 (100)	10 (100)
Mal presentation	5 (100)	5 (83)	9 (90)
Premature rupture of membranes	3 (60)	5 (83)	5 (50)
Premature labor	1 (20)	1 (16)	4 (40)
Previous Cesarean	4 (80)	3 (50)	2 (20)
Twins	4 (80)	2 (33)	4 (40)

What did they do?

Finally, the groups were asked whether they had decided to do something about the problems discussed.

Almost all groups (i.e. at least one person in the groups) in Nahualá, Momostenango, and Comitancillo said that after each session their group had agreed to do something about problems discussed.

In Nahualá women said that they had tried to put into practice the advice given. For instance, pregnant women decided to go to prenatal exam. Groups advised other pregnant women to go and about danger signs. One participant said: "a neighbor had hemorrhage and white vaginal discharge so I sent her to the Health Center". Women talked with their relatives and neighbors about women's health problems.

Among the actions that groups in Momostenango mentioned were that they decided to visit all pregnant women, advise them and give them iron pills. In one group they did this together with the TBAs. Women in a group in Pitzal decided to become associated with the clinic in that community.

In Comitancillo groups' participants mentioned that they: advised other women, referred women with complications to the health center or hospital, and talked to husbands so that they allow women to go to their prenatal check-ups. One group said that they did not do any action because of lack of time.

Table 8
Number of groups that decided to do something after participating in sessions
(Group interviews)

Did something (action)	*Nahualá n=5 groups*	*Momostenango n=6 groups*	*Comitancillo n=10 groups*
Yes	4 (80)	6 (100)	9(90)

What did they like?

Women in the groups said that they had liked the content of the sessions and the methodology used. They thought the sessions were useful and some women recounted specific health problems for which they had subsequently decided to seek help from the health center or hospital and received treatment.

Women in Nahualá said:

- If I had some orientation before, I would have chosen to have only 2 or 3 children.
- It is good because we were able to discuss women's problems during pregnancy and delivery
- We can now talk with our daughters about these problems and help them.

- We liked it very much because you came to make us participate. We learned from what each said. What one wouldn't know, the other would know.

Women in Momostenango commented:

- These sessions opened our eyes. We learned to recognize the danger signs.
- These sessions helped us a lot, especially young women who are starting (their reproductive life).
- We learned a great deal, because we knew nothing about these topics.
- We have to care about our own health not just our family's health. We are women and this will help our daughters and our daughters-in-law.
- We like it because your *compañeras* came to encourage us to participate with our own knowledge and experiences. They came to orient us and answer our questions.

Women in Comitancillo commented that:

- We learned from one another.
- We liked it very much.

2. Individual interviews

In addition to groups, 46 individual interviews were conducted with women who had participated in the sessions. Women were visited in their homes and interviewed about their participation. As in groups, women were asked to recall the topics dealt with in the sessions and their spontaneous responses are presented in Table 9. Pregnancy, delivery and danger signs were mentioned the most.

Table 9
Spontaneous recall of topics
(Individual interviews)

Topics dealt with	*Nahualá* *n=15*	*Momostenango* *n=14*	*San Carlos Sija* *n=7*	*Comitancillo* *n=10*
Maternal mortality	5 (33)	2 (14)	0 (0)	7 (70)
Pregnancy	15 (100)	13 (93)	5 (71)	10 (100)
Anemia	7 (47)	5 (36)	2 (28)	9 (90)
Delivery	13 (87)	10 (71)	2 (28)	6 (60)
Postpartum	5 (33)	4 (29)	1 (14)	2 (20)
Neonatal mortality	1 (7)	1 (7)	1 (14)	6 (60)
Newborn	5 (33)	5 (36)	5 (71)	5 (50)
Danger signs	14 (93)	11 (78)	6 (86)	2 (20)
Family planning	2 (13)	0 (0)	0 (0)	1 (10)

Table 5
Number of groups that spontaneously mentioned danger signs during delivery
(Groups discussions)

Danger signs during delivery	*Nahualá n=5 groups*	*Momostenango n=6 groups*	*Comitancillo n=10 groups*
Delayed delivery	2 (40)	3 (50)	5 (50)
Mal presentation	5 (100)	6 (100)	6 (60)
Hemorrhage	5 (100)	6 (100)	8 (80)
Retained placenta	4 (80)	5 (83)	4 (40)

Table 6
Number of groups that spontaneously mentioned danger signs during the postpartum
(Groups discussions)

Danger signs during postpartum	*Nahualá N=5 groups*	*Momostenango n=6 groups*	*Comitancillo n=10 groups*
Hemorrhage	5 (100)	6 (100)	6 (60)
Abdominal pain	4 (80)	3 (50)	4 (40)
Fever	3 (60)	4 (66)	2 (20)
Foul vaginal discharge	3 (60)	2 (33)	4 (40)

Table 7
Number of groups that spontaneously mentioned danger signs in the newborn
(Groups discussions)

Danger signs in the newborn	*Nahualá n=5 groups*	*Momostenango n=6 groups*	*Comitancillo n=10 groups*
Too small	4 (80)	2 (33)	4 (40)
Purple	3 (60)	0 (0)	2 (20)
Cold	3 (60)	5 (83)	3 (30)
Does not cry	3 (60)	3 (50)	3 (30)
Cries a lot	3 (60)	5 (83)	5 (50)
Fever	3 (60)	3 (50)	2 (20)
Does not breast feed	3 (60)	4 (66)	3 (30)
Infected navel	4 (80)	5 (83)	3 (30)
Difficult breathing	No info	2 (33)	2 (20)

What did they learn?

Women interviewed were also asked about danger signs during pregnancy, delivery, and the postpartum and in the newborn. Their spontaneous recall of danger signs appears in Tables 10, 11, 12 and 13, respectively. Many more women than in the qualitative research conducted before the implementation of the project mentioned danger signs of interest. In the previous research most responses fell in the category "other". Although not shown in tables, most women could recall specific signs and symptoms of anemia during pregnancy and "taking vitamins (iron)" as a prevention or treatment of anemia. Also, the change in women's knowledge regarding "clean delivery" and having an "emergency plan" in case of a complicated delivery was substantial.

Table 10
Spontaneous recall of danger signs during pregnancy
(Individual interviews)

Danger signs during pregnancy	*Nahualá n=15*	*Momostenango n=14*	*San Carlos Sija n=7*	*Comitancillo n=10*
Swelling of hands and face	12 (80)	7 (50)	5 (71)	7 (70)
Hemorrhage	12 (80)	14 (100)	6 (86)	10 (100)
Mal presentation	14 (93)	11 (78)	4 (57)	5 (50)
Premature rupture of membranes	6 (40)	3 (21)	1 (14)	5 (50)
Premature labor	2 (13)	0 (0)	1 (14)	3 (30)
Anemia	9 (60)	7 (50)	2 (28)	9 (90)
Previous Cesarean	3 (20)	3 (21)	4 (57)	1 (10)
Twins	2 (13)	1 (7)	2 (28)	1 (10)
Other	0 (0)	1 (7)	0 (0)	0 (0)

Table 11
Spontaneous recall of danger signs during delivery
(Individual interviews)

Danger signs during delivery	*Nahualá n=15*	*Momostenango n=14*	*San Carlos Sija n=7*	*Comitancillo n=10*
Delayed delivery	8 (53)	3 (21)	1 (14)	7 (70)
Mal presentation	12 (80)	7 (50)	3 (43)	4 (40)
Hemorrhage	12 (80)	13 (93)	6 (86)	7 (70)
Retained placenta	14 (93)	12 (86)	4 (57)	6 (60)

Table 12
Spontaneous recall of danger signs during postpartum
(Individual interviews)

Danger signs during postpartum	*Nahualá n=15*	*Momostenango n=14*	*San Carlos Sija n=7*	*Comitancillo n=10*
Hemorrhage	15 (100)	13 (93)	5 (71)	8 (80)
Abdominal pain	8 (53)	6 (43)	1 (14)	7 (70)
Fever	8 (53)	7 (50)	3 (43)	2 (20)
Foul vaginal discharge	4 (27)	2 (14)	3 (43)	2 (20)

Table 13
Spontaneous recall of danger signs in the newborn
(Individual interviews)

Danger signs in the newborn	*Nahualá n=15*	*Momostenango n=14*	*San Carlos Sija n=7*	*Comitancillo n=10*
Too small	11 (73)	10 (71)	4 (57)	6 (60)
Purple	7 (47)	2 (14)	0 (0)	2 (20)
Cold	4 (27)	2 (14)	0 (0)	2 (20)
Does not cry	7 (47)	4 (29)	3 (43)	1 (10)
Cries a lot	6 (40)	6 (43)	3 (43)	7 (70)
Fever	9 (60)	6 (43)	1 (14)	6 (60)
Does not breast feed	5 (33)	5 (36)	3 (43)	2 (20)
Infected umbilicus	12 (80)	8 (57)	3 (43)	7 (70)
Difficult breathing	1 (7)	4 (29)	1 (14)	0 (0)

Responses regarding what women should do if they have a complication during pregnancy, or the postpartum period generally were to tell the TBA and/or go directly to health services. Responses regarding the appropriate action for a complication during delivery are shown in Table 14. Except for one woman in Momostenango, all women spontaneously said that the woman should be taken to the hospital. This would also represent a marked contrast with what women responded in the qualitative formative research conducted before implementation.

Table 14
Appropriate action for complication during delivery
(Individual interviews)

Action if complication during delivery	*Nahualá N=15*	*Momostenango n=14*	*San Carlos Sija n=7*	*Comitancillo n=10*
Take woman to hospital	15 (100)	13 (93)	7 (100)	10 (100)
Other	0 (0)	1 (7)	0 (0)	0 (0)

What did they do?

Most women interviewed in Nahualá, Momostenango, San Carlos Sija and Comitancillo said that their group had decided to do something about women's health problems discussed. In Nahualá actions had to do with advising pregnant and other women about danger signs and prenatal care.

In Momostenango women reported that they personally had carried out the following actions: informed and advised relatives (3), talked about topics with neighbors (1), advised all pregnant women (2), replicated sessions with larger group (2), referred woman to the hospital (1). One woman also said: "In my case, I decided to go to the APROFAM clinic because I have vaginal discharge".

In San Carlos Sija one woman said they had advised their daughters, another said they talked to women in their church, another reported they had referred all pregnant women to the health center, other groups decided to comment all discussions with their relatives: husbands, sisters-in-law, mothers-in-law, etc.

Finally, in Comitancillo, seven out of 10 women interviewed indicated that in their group they had decided to do something about the problems discussed. However, all of them said they did not carry out actions as a group but individually they advised pregnant women and other women about danger signs and the need to attend health services for prenatal care and iron pills. Women also said that they wanted to put into practice new knowledge such as "clean delivery" and improved feeding practices during pregnancy.

Table 15
Women who said group did something motivated by sessions
(Individual interviews)

Did something (action)	Nahualá n=15	Momostenango n=14	San Carlos Sija n=7	Comitancillo n=10
Yes	9 (60)	10 (71)	7(100)	7 (70)

What did they like?

Regarding the content of the sessions and the methodology used all women expressed positive opinions. Some representative comments are presented below.

Women in Nahualá said:

- This was good. it awakened our minds.
- It was good to talk about cases and problems, and clear up our doubts.
- They gave us the opportunity to participate. We told about our experiences and we also learned new things.

In Momostenango women commented:

- It was very good because we all participated. You came to help us participate. Before (you came) there were no classes like these. Thanks that you came all the way here. May God bless you (woman from Pologuá).
- This was very good for us because it awakened us to the problems we women face, and above all, we all commented on the experiences and ideas we have.
- One clears up doubts because sometimes we are in darkness and now we know a little bit more.

Women interviewed in Comitancillo said that:

- Discussion time of two hours was good because everything can be explained in detail.
- They were here to talk about the problems that us women can have and I liked it.
- They came here to discuss why newborns die, and why one should go to prenatal control to avoid having problems.
- I liked it to talk about things that we didn't know before, the questions that they asked were good.

Interest in future groups

Every woman interviewed wanted to continue with the group discussions. Topics of interest included: gynecological problems (e.g. white discharge), domestic violence, alcoholism, natural/ herbal medicine, childcare, nutrition and feeding

3. NGO Representatives

Although there were no explicit plans to obtain information from the NGOs with whom MotherCare coordinated the work with women's groups, informal conversations were held with staff of Txolja' in Comitancillo (which had groups) and COSUDER in Nahualá (which had 9 groups), in the context of large graduation celebrations held at the end of the project.

Both institutions' comments were very similar. Before coordinating with MotherCare the groups organized by them had been learning mostly about infant and child health (diarrhea, infectious respiratory diseases and a little on child feeding, especially breast-feeding). Both institutions had plans to start training women in reproductive health, however, they did not know

where to begin. Therefore the experience with MotherCare was very helpful, both in terms of the topics and in terms of the methodology used. They particularly liked that the methodology considers identification of actions that can be implemented by the women.

They considered that the fact that facilitators spoke the Mayan language of the community was very important because women were able to trust them and understand them well.

III. RECOMMENDATIONS

The following recommendations for future work were provided by the groups, the facilitators and the author based on the results of the qualitative evaluation.

1. Most topics for discussion should come out of the community, of the groups themselves.
2. Other women's reproductive health issues such as gynecological problems, including reproductive tract infections, should be part of the topics.
3. Women's rights could be included in the topics.
4. Productive activities should be part of work with women's groups because women have an acute need for economic resources.
5. In communities with no official health services women want that those health care services are provided by a physician after group meetings.
6. Groups could be further segmented into homogeneous categories such as pregnant women, women with children less than two years old, women past their reproductive years, unmarried young women, etc. to enhance participation.
7. Work should be conducted with groups of men, too, and eventually with mixed groups.
8. Groups of facilitators should be trained in order to work with more groups and increase coverage. Facilitators' training should be at least a weeklong.
9. Health projects should invest more in community work, in relation to work with health services; resources such as transportation should be assigned preferentially to community workers who have to reach far away communities.
10. More exercises for reflection and periodic evaluation of the community work with facilitators should be conducted.
11. Team building activities should be conducted with facilitators at the beginning and during work with groups.
12. A system of incentives for facilitators should be designed and implemented.